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25748 7590 08/06/2004

CELERA GENOMICS CORP.

ATTN: WAYNE MONTGOMERY, VICE PRES. INTEL  
PROPERTY

45 WEST GUDE DRIVE

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(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	FIRM NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/690,617	10/23/2003	Ming-Hui Wei	CL000904DIV II	8573

TITLE OF INVENTION: ISOLATED HUMAN KINASE PROTEINS, NUCLEIC ACID MOLECULES ENCODING HUMAN KINASE PROTEINS, AND USES THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	11/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS	1/08/2004 EABUBAK2 00000042 500970 10690617
MONSHIPOURI, MARYAM	1652	435-194000	01 FC:1501 1370.00 DA 02 FC:1504 300.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. CELERA GENOMICS  
 2. JUSTIN D. KARJALA  
 3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

APPLERA CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Norwalk, CT.

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0970 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature) Justin D. Karjala (Date) November 05, 2004

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